



RESPIRATORY CARE BOARD OF CALIFORNIA
444 NORTH 3RD STREET, SUITE 270
SACRAMENTO, CA 95811
(916) 323-9983
www.rcb.ca.gov



LICENSE RENEWAL NOTICE AND INSTRUCTIONS

PART 1

PLEASE CAREFULLY READ THE FOLLOWING INSTRUCTIONS AND COMPLETE ALL REQUIRED SECTIONS ON THE LICENSE RENEWAL APPLICATION. YOUR LICENSE WILL NOT BE RENEWED UNTIL ALL REQUIREMENTS HAVE BEEN MET. THE AVERAGE PROCESSING TIME FOR A LICENSE RENEWAL IS 4 TO 6 WEEKS. YOU ARE ENCOURAGED TO SUBMIT YOUR RENEWAL PAYMENT EARLY TO ENSURE IT IS PROCESSED AND POSTED PRIOR TO YOUR EXPIRATION.

- | TYPE | LICENSE NO. | LICENSE EXPIRES | RENEWAL FEE PAID | DATE RENEWAL MAILED | YOUR CHECK NO. |
|------|-------------|-----------------|------------------|---------------------|----------------|
|------|-------------|-----------------|------------------|---------------------|----------------|
- A. Mark this box **ONLY** if your current license status is "Inactive" and you are requesting to change the status to "Active."
- B. Mark this box **ONLY** if your current license status is "Active" and you are requesting to change the status to "Inactive."
- C. Indicate the number of continuing education units you have completed for this renewal period. You are **NOT** required to provide copies of your continuing education certificates at the time of renewal. Please see the enclosed insert for additional information regarding continuing education requirements.
- D. You are required to sign and date this statement under penalty of perjury.
- E. Please provide your name, address, and telephone # in the space provided. If this is a change of address, please mark the box entitled: "Change of Address". If this is a name change, you must submit acceptable documentation which includes a copy of a marriage certificate or divorce decree (a copy of a driver's license or social security card is NOT acceptable documentation).
- F. Mark "Yes" if, since your last renewal, you have been convicted of, diverted for, or pled guilty or nolo contendere/no contest to any violation of any law of any state, the United States, or a foreign country. You must disclose all misdemeanors and felonies (including but not limited to civil, welfare, health and safety, vehicle, or penal code convictions/diversions) and any conviction which has been dismissed pursuant to section 1203.4 of the Penal Code, or any similar provision of the law in another state, the United States, or a foreign country.
- G. Mark "No" if you have **NOT** been convicted of any crime since your last renewal.
- H. **You are required to successfully complete a Board-approved Law and Professional Ethics Course as part of your continuing education for this renewal cycle.** Please indicate whether you completed the required course offered by the California Society for Respiratory Care or the American Association for Respiratory Care, and the date you completed the course. If you failed to complete the course, leave these areas
- I. Complete this section by providing the name, address and telephone number of your employer.
- FEE Submit the required fee, made payable to the Respiratory Care Board, in the form of a check or money order. Checks that are returned to the RCB as unpaid will be subject to a \$15 service fee and will result in a requirement that all future payments be in the form of a cashiers check or money order.

SATISFACTION SURVEY

Your opinion is valuable to our ongoing commitment to quality customer service. If you have the opportunity, we would appreciate you taking a moment to log on to www.rcb.ca.gov to complete a brief satisfaction survey. Thank you, in advance, for your input.

If you fail to renew your license, it becomes delinquent on the day after the expiration date which appears on your license. Once your license has expired, you do not have the authority to practice respiratory care until all applicable fees and your complete renewal application have been received and posted to your licensing record. Practicing respiratory care in the State of California without a current and valid license is unlicensed practice and punishable by law.

PLEASE RENEW YOUR LICENSE EARLY

If your renewal payment is not received at least 30 days before your license expiration date, it is very likely that you will not receive your renewed pocket license before your current license expires. You must allow 4 to 6 weeks for the posting and processing of your renewal.

RETAIN PART 1 FOR YOUR RECORDS.

LICENSE RENEWAL APPLICATION
RESPIRATORY CARE PRACTITIONER**E.**

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

☐ **CHANGE OF ADDRESS**

CONTINUING EDUCATION: I successfully completed **C.** _____ hours of continuing education as required for license renewal. **H.** I successfully completed a Board-approved Law & Professional Ethics Course provided by the (check one) () **California Society for Respiratory Care** OR () **American Association for Respiratory Care** on the following date: ____/____/____.

CONVICTIONS: Since you last renewed your license, have you been convicted of, diverted for, or pled guilty or nolo contendere/no contest to any violation of any law of any state, the United States or a foreign country? **F.** () **YES** **G.** () **NO**

I swear under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

D. Signature _____ **Date** _____

| LICENSE NO. | LICENSE EXPIRES | AMOUNT DUE NOW * |
|-------------|-----------------|---------------------|
| _____ | _____ | \$ 230.00 |

DELINQUENT FEE
IF POSTMARKED
AFTER
EXPIRATION DATE**\$ 460.00****LICENSE STATUS**

If you wish to change your status please check one of the following boxes:

- A. ☐ ACTIVE
B. ☐ INACTIVE

* To verify amount due, please contact the RCB at (916) 323-9983 or toll free at (866) 375-0386

Return to:

RESPIRATORY CARE BOARD OF CALIFORNIA
444 NORTH 3RD STREET, SUITE 270
SACRAMENTO, CA 95811

I. Employer Information

Employer _____

City _____ State _____

Telephone Number _____